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U.S. Department of Commerce
Patent and Trademark Office

**COMBINED DECLARATION (37 CFR
1.63) AND POWER OF ATTORNEY
FOR UTILITY OR DESIGN
PATENT APPLICATION**

☐ Declaration Submitted with Initial Filing OR ☒ Declaration Submitted after Initial Filing

Attorney Docket Number 24174-08750

First Named Inventor Deepika Srinivasan

COMPLETE IF KNOWN

Application Number 10/789,947

Filing Date February 27, 2004

Group Art Unit Not Yet Assigned

Examiner Name Not Yet Assigned

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Phase Correlation Based Motion Estimation in Hybrid Video Compression

the specification of which

☐ is attached hereto
OR

☒ was filed on 2/27/2004 as United States Application Number or PCT International Application Number [10/789,947] and was amended on (MM/DD/YYYY) [] (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations. § 1.56.

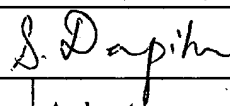
I hereby claim foreign priority benefits under Title 35, United States Code § 119 (a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365 (a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental sheet attached hereto.

DECLARATION				Page 2	
<p>I hereby claim the benefit under Title 35, United States Code § 120 of any United States application(s), or § 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.</p>					
U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)		
<input type="checkbox"/> Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.					
<p>As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:</p>					
Name		Registration Number	Name		Registration Number
Robert R. Sachs Albert C. Smith		42,120 20,355			
<input type="checkbox"/> Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.					
<p>Please direct all correspondence to:</p> <p style="text-align: center;">ROBERT SACHS, ESQ. Fenwick & West LLP Silicon Valley Center 801 California Street Mountain View, CA 94041 U.S.A.</p>					
Telephone	(415) 875-2410		Fax	(650) 938-5200	
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>					
Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	Deepika	Middle Initial		Family Name	Srinivasan
Inventor's Signature				Date	4/7/04
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City	Amherst	State	NY	Zip	14226
Country	USA				
<input checked="" type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto					



+

DECLARATION				ADDITIONAL INVENTOR(S) Supplemental Sheet			
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	Andrew	Middle Initial	T.	Family Name	Krupiczka	Suffix	
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Inventor's Signature	<i>S. Pejhan</i>			Date	4/5/04		
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Mailing Address							
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Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
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Inventor's Signature				Date			
Residence: City		State		Country		Citizenship	
Mailing Address							
Mailing Address							
City		State		Zip		Country	

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name		Middle Initial		Family Name		Suffix	
Inventor's Signature				Date			
Residence: City		State		Country		Citizenship	
Mailing Address							
Mailing Address							
City		State		Zip		Country	

☐ Additional inventors are being named on supplemental sheet(s) attached hereto